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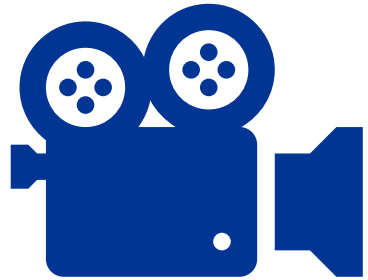


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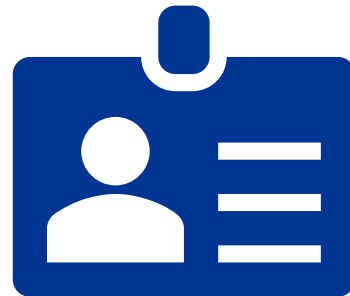
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- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
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Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**



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Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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Program Evaluation and Research Unit

Guiding Principles of COE



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Learning Objectives

By the end of this training, you will be able to do the following:

- Discuss the significance of **guiding principles** in the context of Centers of Excellence (COEs) for individuals with opioid use disorder (OUD).
- Describe the relationship between these **guiding principles, compassionate care, and innovation.**



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Overview

COE Guiding Principles

Assertively engage
those who are at
increased risk

Focus on **priority**
populations

Rapid induction to
medications for
opioid use disorder
(MOUD)

Function as a “**hub**
and spoke”

Community-based
care management
teams

Integrate
behavioral, mental,
and physical health



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Purpose



Framework for Care

Support the Vision

Standardize COE Care

Support Comprehensive Care



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COE Vision

“Ensuring effective **care coordination, integrating physical and behavioral health** needs for every patient with an Opioid Use Disorder (OUD), and increasing access to Medication-Assisted Treatment (MAT).”



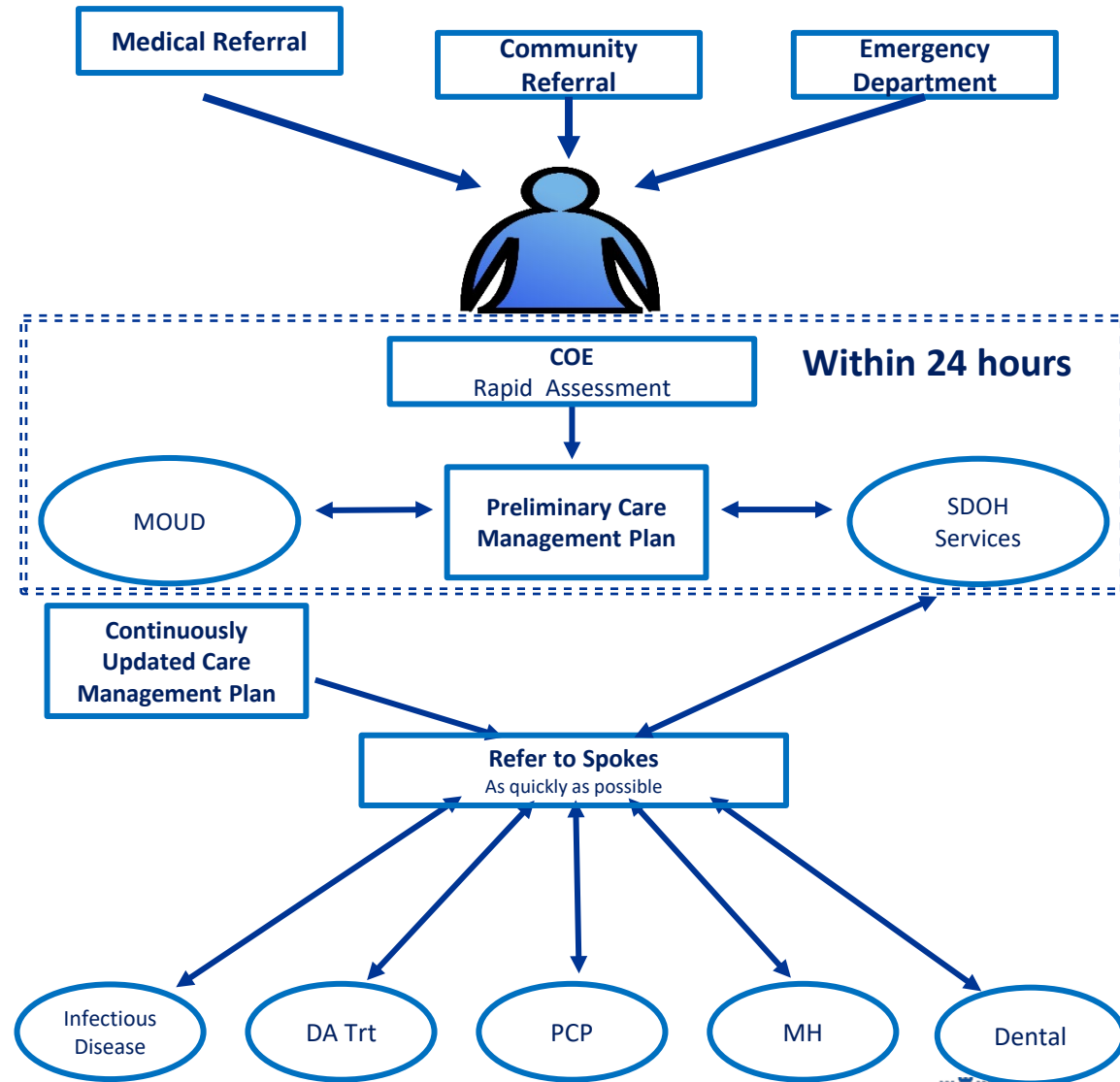
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Assertively Engaging Clients at Risk





Rationale for Assertive Engagement of Clients at Risk

Specialization

Focuses on **high-risk** clients for **targeted care**

Efficiency

Aims to reduce **emergency visits** and **overdoses**

Well-Being

Enhances overall **quality of life** for them



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Assertive Engagement



No single **definition**



Traditional treatment is
reactive



Evolved from **Assertive
Community Treatment
(ACT)** approach



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Benefits of Assertive Engagement

- Reduction in **hospitalization** rates¹
- Enhanced **medication adherence**²
- Decreased rates of **homelessness**¹
- Improved **quality of life** and functioning¹
- Decreased **criminal justice** involvement¹
- **Lower cost** to the system³



(¹Penzenstadler et al., 2019; ²Fishman et al., 2021;
³Lintzeris, 2017)



Factors Affecting Engagement

Stigma and Discrimination¹

Socioeconomic Factors²

Comorbid Mental Health Conditions³

Criminal Justice Involvement⁴

Lack of Awareness⁵

¹Barry et al., 2014; ²McNeil et al., 2014; ³Oesterle et al., 2019;
⁴Binswanger et al., 2012; ⁵Roberts et al., 2014)



Treatment Outcomes



Delayed Treatment Initiation

Lower Retention Rates

Increased Risk Behaviors

Increased Overdose Risk



Discussion Question

**What strategies do you employ to
engage COE clients?**



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Priority Populations



Rationale for Focusing on Priority Populations

Allocation

Directs resources to **high-risk** populations for maximum **impact**

Equity

Aims to reduce **health disparities** and bridge care gaps

Inclusivity

Works to create a **compassionate, diverse** healthcare system



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Designated Priority Populations

Pregnant People and Women with Children

- Risk of **passing substances** to unborn children, affecting their health¹
- SUD treatment supports **family stability** and children's well-being¹

Persons Who Inject Drugs (PWID)

- Elevated risk of **infectious diseases** like HIV and hepatitis²
- High potential for **fatal overdoses**; harm reduction is crucial²

Overdose Survivors

- Immediate risk of a **subsequent overdose**³
- Need **urgent** treatment and support to **prevent** future incidents⁴

Veterans

- Unique needs due to **trauma** and **mental health** issues from service
- **Specialized care** recognizes their sacrifices⁵

Individuals Post-Incarceration

- Risk of SUD **return to use** and increased risk of **overdose** upon release
- **Barriers** to care in the criminal justice system require **tailored solutions**⁴



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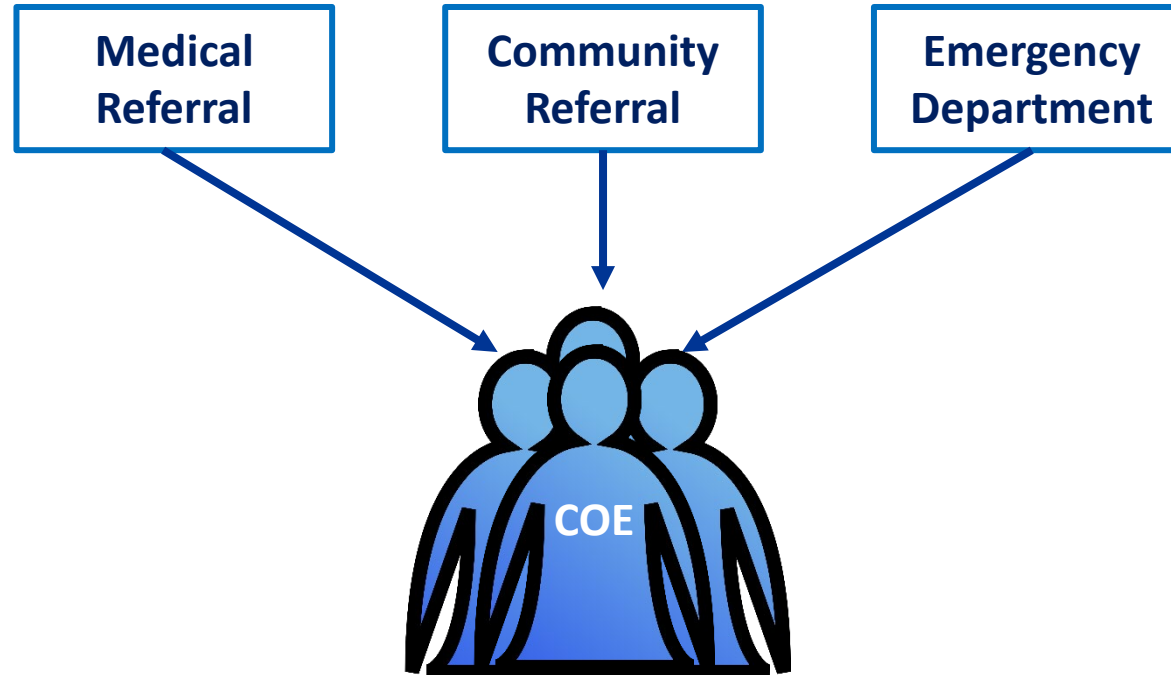
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¹Salemi et al., 2020; ²CDC, 2018; ³O'Donnell et al., 2021;

⁴Joudrey et al., 2019; ⁵Bennett et al., 2022)

Referral Pathways



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Discussion Question

How do you ensure special consideration is given to **priority populations?**



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Rapid Induction of MOUD



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Rationale for Expeditious MOUD Induction

Timely Treatment

Aims for **immediate, effective** recovery

Reduce Complications

Minimizes health risks with **quick MOUD access**

Harm Reduction

Lowers **overdose** risks



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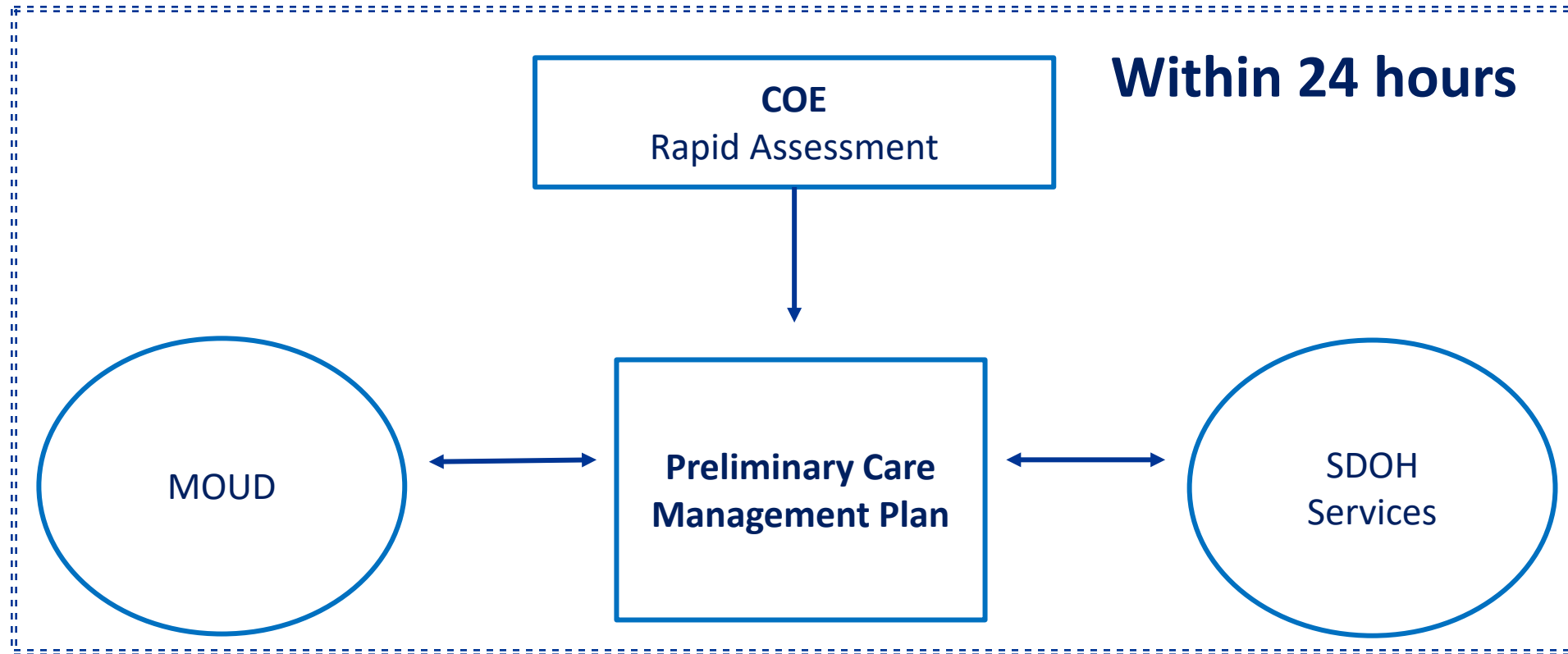
Benefits of Rapid MOUD Induction

- Eases **painful symptoms**, encouraging **continued treatment**¹
- **Shortens the gap** between a client's decision to seek treatment and actual treatment, **reducing risk** of return to use¹
- Increases adherence to **treatment plans**²
- Improves **health, social reintegration**, and **lowers criminal activity**³
- Improves **engagement**⁴

(¹Hu et al.,2019; ²Timko et al., 2016; ³Valkow et al., 2014; ⁴Roy et al., 2020)



Rapid Induction Pathway



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Discussion Question

How do you ensure clients are
rapidly inducted to MOUD?



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Functioning as a Hub and Spoke Program



Rationale for Functioning as a Hub and Spoke

Centralized Coordination

Standardizes **quality** and **best practices**

Resource Efficiency

Leads to **cost savings** and **better care**

Comprehensive Care

Allows **tailored, effective** treatment



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Hub and Spoke Design



Spoke provides **tailored care resources**

Addresses **full spectrum** of needs and **integrates** primary and behavioral health

Minimizes **treatment gaps**, expands access to **MOUD**, targets **high-risk** individuals

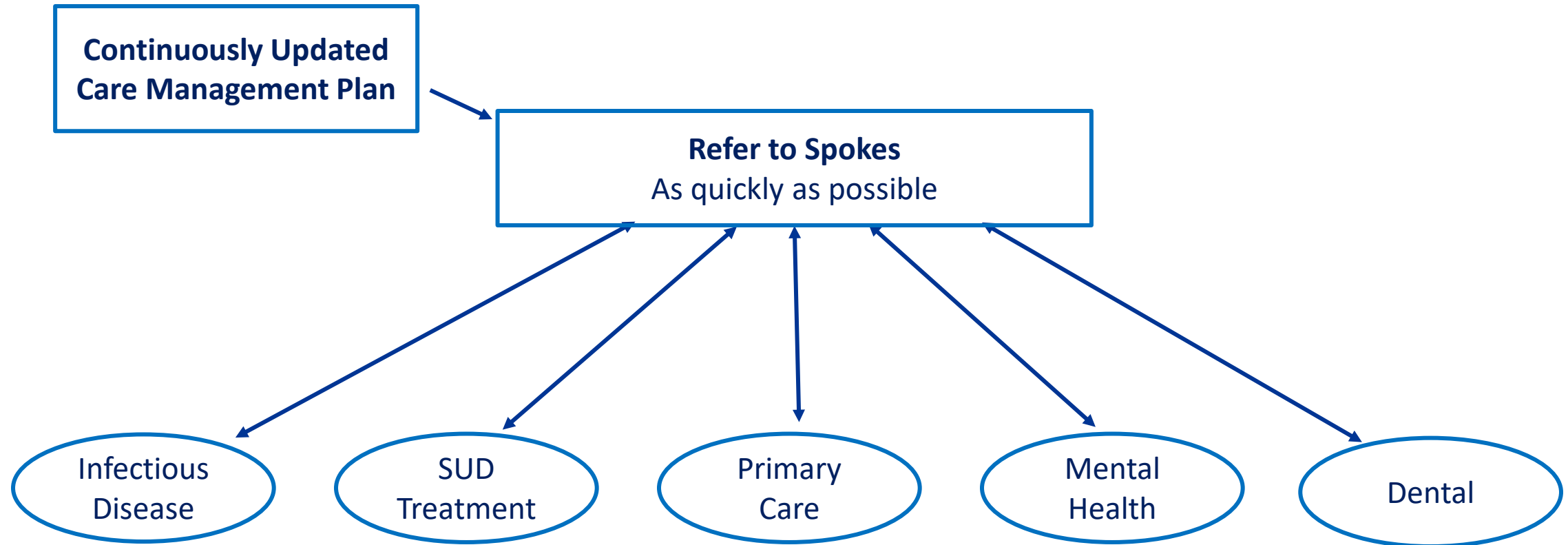


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Hub and Spoke Model





Discussion Question

How do you implement this model to **coordinate services** and facilitate **communication** between your partners?



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Assertive and Community-Based Care (CBC) Management



Rationale for Employing Assertive and CBC

Assertive Coordination

Ensures
**comprehensive,
personalized,
continuous** care for
OUD clients

Bridging Care Gaps

Improves
engagement and
retention in
treatment

Supportive Environment

Enhances chances
of successful
recovery



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Principles of Assertive and CBC Coordination

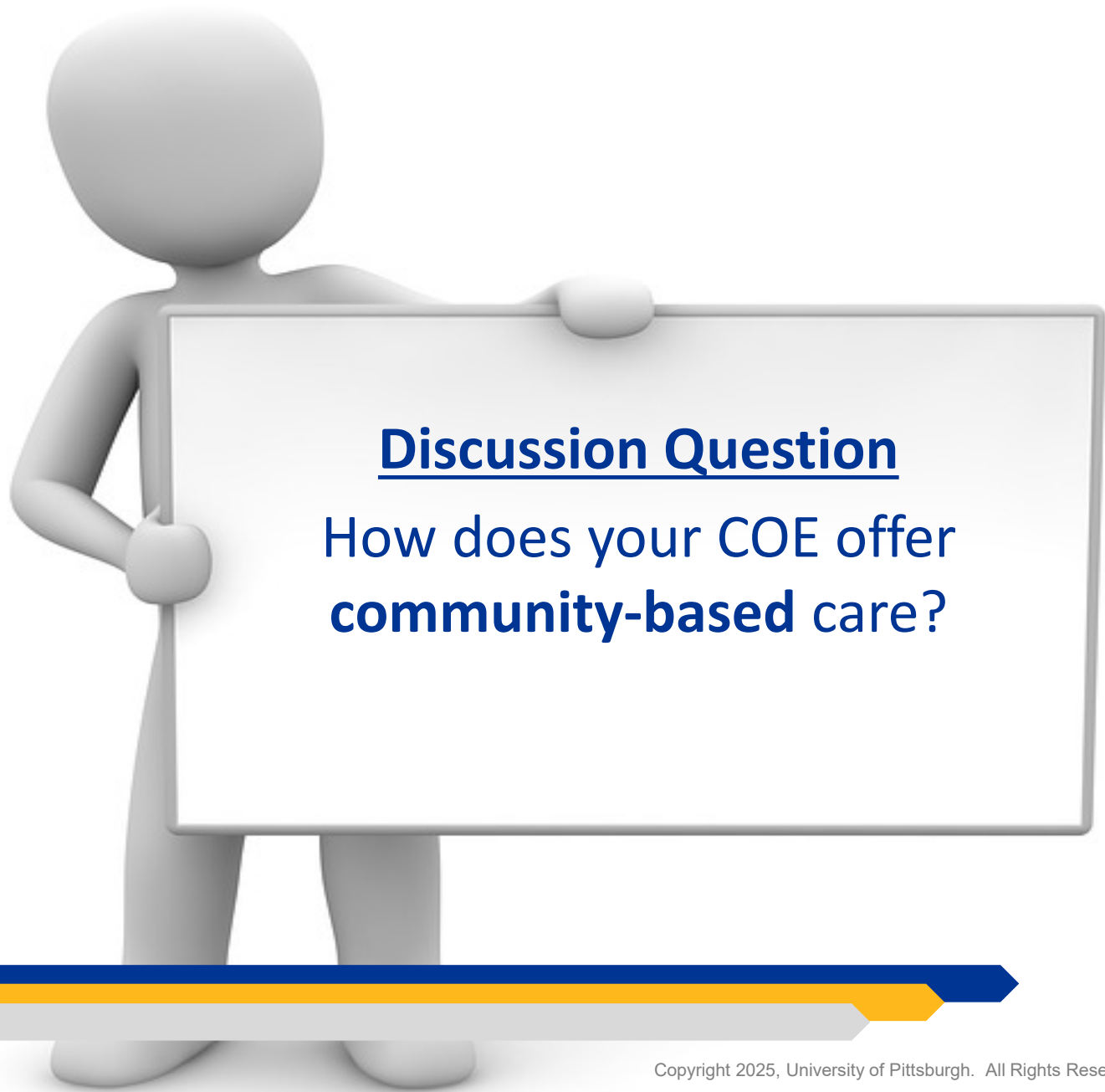
- Offers care **in the community** to overcome **logistical barriers** like transportation
- **Identifies and reaches out** to those in need
- **Prioritizes sustained recovery** with ongoing support, rather than only short-term interventions



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Discussion Question

How does your COE offer **community-based** care?



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Integration of Behavioral and Physical Health



Rationale for Integrated Care

Better Treatment Outcomes

By addressing the **interconnected** nature of health, the COE program ensures **better treatment outcomes**

Improved Client Satisfaction

The **patient-centered** approach of integrating care leads to improved **client satisfaction**

More Effective Healthcare System

Combining behavioral and physical health services **streamlines** the care process



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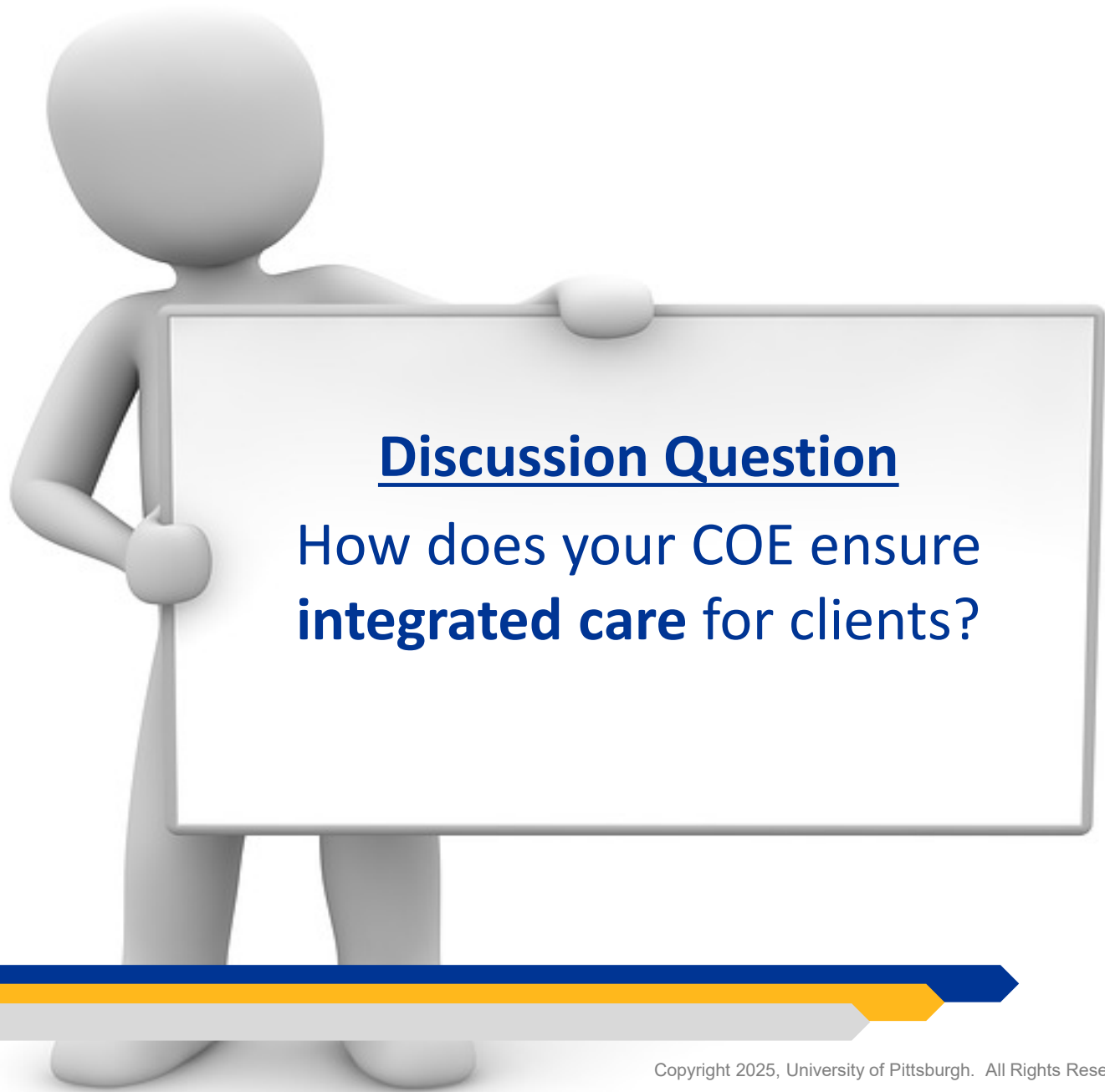
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Treatment Outcomes



(¹Losikoff et al., 2022; ²Jones & McCance-Katz, 2019; ³Seval et al., 2021; ⁴Qudah et al., 2022)



Discussion Question

How does your COE ensure **integrated care** for clients?



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Connection to Community Supports



Natural Supports

- **Resources** inherent in community environments used for supportive purposes.
- **Reciprocal** and often **informal**, contrasting with formal, paid support services.
- **Integral** to comprehensive treatment plans and wraparound processes.



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Benefits of Natural Supports

- **Diversity of Relationships:** Leads to healthier lives and increased longevity.
- **Improved Survival Rates:** Strong social relationships significantly increase survival chances.
- **Emotional and Social Benefits:** Foster a sense of belonging, dignity, self-esteem, empowerment, and independence.
- **Reduction in Service Reliance:** Diminish the need for formal services, offering more organic support.



COE Benefits for Helping Clients Engage

- Allow **capacity** for clients most in need
- Precipitate movement toward **COE vision**
- Can increase staff **satisfaction**
- Possible increases to the **SUD workforce**
- Can lead to **healthier** communities
- Strengthen **referral relationships**



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Examples of Community Supports

- PCPs
- Mental Health Provider
- SUD Outpatient Groups
- 12-Step Fellowships



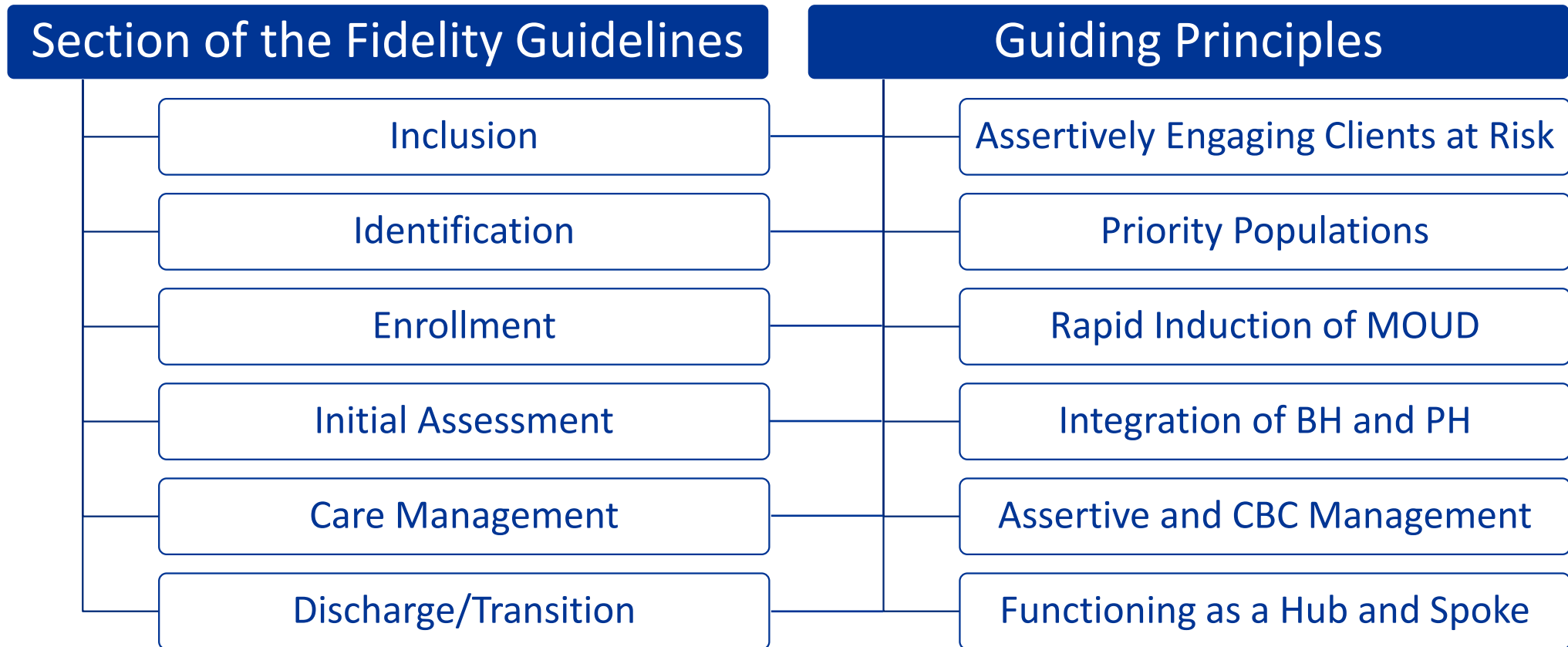
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Fidelity Guidelines connection to the Guiding Principles



2025 topics

- Rapid Assessment of Needs
- Orienting New COE Clients
- Using HRSN/SDOH Screening to Increase Engagement
- Stepped Care Approach
- Family Involvement in Care Management

What other training topics would be beneficial for you?



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Questions?



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Wrap up and Next Session

COE Learning Network



Navigation

HOME - COE



- To request CEs, complete the **session evaluation**.
- Slides and recording available on [Tomorrow's Healthcare](#)
- **Next Session:** Skill Development and Vocational Training – January 29th at 12pm



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